

**NOTE: This application must be APPROVED by the Office of Planning & Infrastructure PRIOR to any renovations or occupancy.**

Date complete application received in OPI: \_\_\_\_\_

Date approved: \_\_\_\_\_

Date mailed: \_\_\_\_\_

## PUTNAM COUNTY ZONING PERMIT APPLICATION BUSINESS PERMIT/CHANGE OF LAND USE

*If an item below does not apply to you, write "not applicable" (NA)*

### APPLICANT

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

### PROPERTY OWNER

(if same as applicant, write same)

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

### BUSINESS OWNER

(if same as applicant, write same)

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

### GENERAL CONTRACTOR

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

#### FOR OPI USE ONLY:

Valid Contractor License on file.

Verified by: \_\_\_\_\_

WV CONTRACTOR LICENSE NUMBER \_\_\_\_\_

### NAME OF BUSINESS

\_\_\_\_\_  
(name of business that will occupy this location)

### LOCATION OF BUSINESS AND/OR CHANGE OF LAND USE

ADDRESS: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_  
\_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

IF MULTI-TENANT COMPLEX, NAME OF COMPLEX: \_\_\_\_\_

**NOTE: Please complete and submit Sign Permit Application,  
IF erecting any signage.**

**BE SURE TO COMPLETE PAGE 2**

PUTNAM COUNTY ZONING PERMIT APPLICATION  
BUSINESS PERMIT/CHANGE OF LAND USE

**DESCRIPTION OF  
BUSINESS AND/OR  
CHANGE OF LAND  
USE**

PRIOR BUSINESS AND/OR LAND USE: \_\_\_\_\_  
DATE PRIOR BUSINESS AND/OR LAND USE DISCONTINUED: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
PROPOSED BUSINESS AND/OR LAND USE: \_\_\_\_\_  
NUMBER OF EMPLOYEES: \_\_\_\_\_  
GROSS SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_ OR,  
IF MULTI-TENANT COMPLEX, SQUARE FOOTAGE OF PORTION OCCUPIED: \_\_\_\_\_  
LINEAR FEET OF BUILDING FRONTAGE ON A STREET(S): \_\_\_\_\_  
NUMBER OF STREET FRONTAGES: \_\_\_\_\_ NAME(S) OF STREET(S) \_\_\_\_\_  
DOES A RESIDENTIAL PROPERTY ADJOIN THIS PROPERTY ALONG ANY COMMON PROPERTY LINE?  
 YES  NO  
**IF YES**, PLEASE CALL THE OFFICE OF PLANNING AND INFRASTRUCTURE AT 586-0237 FOR POTENTIAL  
BUFFERING AND SCREENING REQUIREMENTS .  
IS THE PARKING LOT PAVED?  YES  NO  
**IF NO**, EXPLAIN: (e.i. gravel, dirt, etc.) \_\_\_\_\_  
NUMBER OF PARKING SPACES DELINEATED ON THE PARKING LOT: \_\_\_\_\_  
NUMBER OF HANDICAPPED PARKING SPACES: \_\_\_\_\_

**NOTICE**

*I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.*

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
Date: \_\_\_\_\_

- CHECK ALL THAT APPLY:  
 I am the applicant.  
 I am the business owner.  
 I am the property owner.  
 I am the contractor.  
 I am an agent. If an agent, for whom:

**PLANNING COMMISSION USE:**

FEE: _____	RECEIPT # _____	INVOICE # _____
AMOUNT PAID: _____	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>
	CHECK # _____	DATE: _____

ZONING DISTRICT \_\_\_\_\_ TAX MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

- PERMITTED PRINCIPAL USE  PERMITTED ACCESSORY USE  SPECIAL PERMIT USE  NONCONFORMING USE  
Use \_\_\_\_\_ Use \_\_\_\_\_ Use \_\_\_\_\_ Use \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**SEE ATTACHMENT FOR CONDITIONS**

DATE OF APPROVAL: \_\_\_\_\_ ZONING PERMIT #: \_\_\_\_\_

\_\_\_\_\_  
PERMIT OFFICER